

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2183

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>unk.</u> IN ARIZONA <u>29 yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				D. STREET ADDRESS <u>9406 Sierra Bonita (Sunnyslope)</u> (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Antoine</u> B. (MIDDLE) <u>R.</u> C. (LAST) <u>NAEGLE</u>		4. SEX <u>M</u>		5. COLOR OR RACE <u>W</u>	
6B. NAME OF SPOUSE <u>-----</u>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>9</u> YEAR <u>24</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>29 yrs.</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14A. FATHER'S NAME <u>Marian B. Naegle</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		15A. MOTHER'S MAIDEN NAME <u>Hattie D. Davis</u>	
16. INFORMANT'S SIGNATURE <u>VA Hospital Records, Phoenix, Arizona</u>				17. DATE OF DEATH (MONTH) <u>April</u> (DAY) <u>3</u> (YEAR) <u>1954</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral hemorrhage</u> <u>2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive cardiovascular disease</u> <u>3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C) Arteriolar nephrosclerosis, malignant type</u>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT <u>VA</u> ATTENDED THE DECEASED FROM <u>April 1</u> , 19 <u>54</u> , TO <u>April 3</u> , 19 <u>54</u> , <u>DECEASED OCCURRED</u> AND THAT DEATH OCCURRED AT <u>5:30 A.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <u>B.M. Lipschultz, M.D., Chief, Medical Service</u>		22B. ADDRESS <u>VA Hospital, Phoenix, Arizona</u>		22C. DATE SIGNED <u>4-5-54</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE				24B. ADDRESS	
24C. DATE SIGNED				24D. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVED <input checked="" type="checkbox"/>		25B. DATE <u>April 5, 1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Pomerene Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pomerene, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>4/5/54</u>			
26B. REGISTRAR'S SIGNATURE <u>Beverly Johnston</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>Henry J. Roman</u>		26D. ADDRESS <u>Phoenix, Arizona</u>	